



JE DAC

April 4, 2008

Mail Stop PETITION
Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

Re: Renewed Petition under 37 CFR 1.137(b) for patent application No. 10/652,929

Dear Sir/Madame:

I am writing with regards to patent application No. 10/652,929, submitted by my late husband, N'ton Kitapini, and his brother (co-inventor), Kitoko Kitapini, in September 2003. Specifically, I would like to explain that the entire delay in providing the required reply to the Patent Office was unintentional.

When N'ton submitted the patent application in early September 2003 he was hospitalized in Detroit, Michigan, where we were living at the time. In the course of that month N'ton's clinical condition unexpectedly and rapidly declined. He died on September 23, 2003. To be quite honest, we cannot provide hard and definitive evidence that delays in replying to Patent Office requirements were unintentional. All I can say is that N'ton's unexpected and untimely death threw both me and Kitoko into severe personal crises causing not only disruptions in our immediate living situations but also, for a while, impairments to our basic emotional and cognitive stability. To put it another way, I think we both sort of died right along with N'ton and it took us a good while to come back to life. Again, I fully realize that figurative death does not constitute hard evidence of unintentionality, but this is in fact what happened.

After N'ton died I remained at our Detroit address, the one on file in the patent application, for another 10 months. In July 2004 I took a job in Kigali, Rwanda. At the time I left Detroit to take up my job in Rwanda, I confess, I continued to be preoccupied with the cascade of changes that came with N'ton's death: new financial hardships, single parenthood, a new job, an international relocation... In the process, I did not think about N'ton's patent application and my impending address change. I indeed neglected this process, but it truly was unintentional.

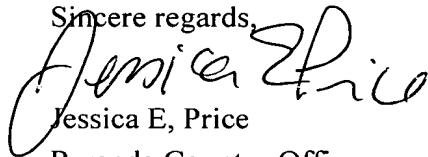
If I have interpreted the Transaction History explanations correctly, the Patent Office mailed its first notification to N'ton at the Detroit address 11 months after I had left for Rwanda, which approximately 19 months after his death. When the Patent Office later sent correspondence to Kitoko, the address that was used was incomplete (i.e., it was not the full address supplied in the patent application) and so he never received this correspondence either.

In mid-2007, in a moment of remembering, thinking about, and basically mourning his brother, Kitoko googled N'ton's name and, by chance, discovered a description of their patent on several commercial websites that announce new patents. It was at this time that

he contacted the Patent Office to understand what it meant and what we needed to do to reactivate the application.

This may not be compelling to reactivate N'ton's patent application. It is, however, sincere and truthful. In any event, I do hope that it is enough for you to reconsider your decision to dismiss the petition. I can of course supply you with a copy of N'ton's death certificate, a statement from my employer about my overseas relocation, and any other information or documentation you may need to make your final decision.

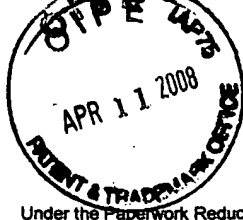
Sincere regards,

A handwritten signature in cursive script, appearing to read "Jessica E. Price".

Jessica E, Price

Rwanda Country Office
c/o Family Health International
4401 Wilson Blvd., Suite 700
Arlington, VA 22203
Tel: +250-08306174
Email: jprice@fhirw.org

Cc: Kitoko Kitapini



PTO/SB/64 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT
ABANDONED UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Docket Number (Optional)

First named inventor: **N'TON KITAPINI**Application No.: **10/652,929**Art Unit: **3661**Filed: **09/02/2003**Examiner: **NGUYEN, TAN QUANG**Title: **RIDE CONTROL SYSTEM FOR ARTICULATED VEHICLES**

Attention: Office of Petitions

Mail Stop Petition

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

FAX (571) 273-8300

NOTE: If information or assistance is needed in completing this form, please contact Petitions
Information at (571) 272-3282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or
action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration
date of the period set for reply in the office notice or action plus an extensions of time actually obtained.

APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Reply and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee - required for all utility and plant applications
filed before June 8, 1995; and for all design applications; and
- (4) Statement that the entire delay was unintentional.

1. Petition fee☒ Small entity-fee \$ **750** (37 CFR 1.17(m)). Applicant claims small entity status. See 37 CFR 1.27.☐ Other than small entity - fee \$ _____ (37 CFR 1.17(m))**2. Reply and/or fee**

A. The reply and/or fee to the above-noted Office action in
the form of _____ (identify type of reply):

- ☐ has been filed previously on _____
☐ is enclosed herewith.

B. The issue fee and publication fee (if applicable) of \$ **1000**.

- ☒ has been paid previously on **September 4th, 2007**
☐ is enclosed herewith.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.137(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

3. Terminal disclaimer with disclaimer fee

☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$ _____ for a small entity or \$ _____ for other than a small entity) disclaiming the required period of time is enclosed herewith (see PTO/SB/63).

4. STATEMENT: The entire delay in filing the required reply from the due date for the required reply until the filing of a grantable petition under 37 CFR 1.137(b) was unintentional. [NOTE: The United States Patent and Trademark Office may require additional information if there is a question as to whether either the abandonment or the delay in filing a petition under 37 CFR 1.137(b) was unintentional (MPEP 711.03(c), subsections (III)(C) and (D)).]

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

DialloJessica E Price
SignatureApril 7, 2008
DateKITOKO KITAPINI & Jessica Price (N'TON Representative)

Typed or printed name

Registration Number, if applicable

11945 Michel Sarrazin Apt 24

Address

(514) 332-8559

Telephone Number

H48 296, Montreal, Qc, Canada

Address

Enclosures: ☐ Fee Payment☐ Reply☐ Terminal Disclaimer Form☐ Additional sheets containing statements establishing unintentional delay☐ Other: _____**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

☒ Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.☐ Transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.April 9, 2008
DateJessica E Price
Signature
Jessica E Price
Typed or printed name of person signing certificate

Privacy Act Statement

The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

CITY OF DETROIT

LF 006726

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

STATE FILE NUMBER

2055786

CERTIFICATE OF DEATH

PE/PRINT
IN
PERMANENT
BLACK INK

1 DECEDENT'S NAME (First, Middle, Last) N'Ton Kitapini				2 SEX Male		3 DATE OF DEATH (Month, Day, Year) September 20, 2003	
4a AGE - Last Birthday (Years) 46		4b UNDER 1 YEAR MONTHS _____ DAYS _____		4c UNDER 1 DAY HOURS _____ MINUTES _____		5 DATE OF BIRTH (Month, Day, Year) June 5, 1957	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Harper Hospital				7b IF HOSP OR INST Inpatient, Op / Emer. Room, DOA (Specify) Inpatient		7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Detroit	
8 SOCIAL SECURITY NUMBER 530-59-4231				9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Engineer		9b. KIND OF BUSINESS OR INDUSTRY Automotive	
10a. CURRENT RESIDENCE - STATE Michigan		10b. COUNTY Wayne		10c. LOCALITY (Check one: box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF Detroit		10d. STREET AND NUMBER 4461 Harvard	
10e. ZIP CODE 48224		11. BIRTHPLACE (City and State or Foreign Country) Belgian Congo		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		13 SURVIVING SPOUSE (If wife, give name before first married) Jessica Price	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) Congoese				16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below) Black		14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
18. FATHER'S NAME (First, Middle, Last) Mbwil Kitapini				19. MOTHER'S NAME (First, Middle, Surname before first married) Marthe Atwoya			
20a. INFORMANT'S NAME (Type/Print) Jessica Price				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 4461 Harvard, Detroit, Michigan 48224			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial				22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Oakview Cemetery		22b. LOCATION - City or Village, State Royal Oak, Michigan	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE Anthony Brown				24. LICENSE NUMBER (of Licensee) 401381		25 NAME AND ADDRESS OF FACILITY Chas. Verheyden, Inc. 16300 Mack, Grosse Pointe Park, MI 48230	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Pneumonia DUE TO (OR AS A CONSEQUENCE OF) Human immunodeficiency virus DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)							Approximate Interval Between Onset and Death 1 wk unknown
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Renal failure							27a WAS AN AUTOPSY PERFORMED? (Yes or No) No
27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)							
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital				29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.	
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) M.S. Badr 30b DATE SIGNED (Mo., Day, Yr.) 09/23/03				30c TIME OF DEATH 10:10 A M		31b DATE, SIGNED (Mo., Day, Yr.) SEP 24 2003	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				31c CASE NUMBER		31d PRONOUNCED DEAD (Mo., Day, Yr.) ON	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) M. Safwan Badr, M.D., Harper Hospital, 3990 John R, Detroit, MI 48201				32b LICENSE NUMBER 4301068599			
33a ACC SUICIDE, HOM. NATURAL OR PENDING INVEST (Specify)		33b DATE OF INJURY (Mo., Day, Yr.)		33c TIME OF INJURY M		33d DESCRIBE HOW INJURY OCCURRED	
33e INJURY AT WORK (Specify Yes or No)		33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g LOCATION - Street or R.F.D. No. City, Village or Twp. State			
34a REGISTRAR'S SIGNATURE Mildred L. Johnson				34b DATE FILED (Month, Day, Year) SEP 24 2003			

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

0955237

SEP 24 2003

Dated

Mildred L. Johnson, Registrar
City of Detroit Health DepartmentDepartment of Health
Death Records

Form 1040		Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return		2004	(99) IRS Use Only - Do not write or staple in this space.																																																																																																																																						
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 16.)	L A B E L	For the year Jan. 1-Dec. 31, 2004, or other tax year beginning . 2004, ending . 20			OMB No. 1545-0074																																																																																																																																						
	H E R E	Your first name and initial Jessica E.		Last name Price	Your social security number [REDACTED]																																																																																																																																						
	If a joint return, sp first name & initial		Last name		Spouse's social security number																																																																																																																																						
	Home address (number and street). If you have a P.O. box, see page 16. 201 Wilson Boulevard				Apt. no. 700																																																																																																																																						
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Arlington VA 22201					▲ Important! ▲ You must enter your SSN(s) above.																																																																																																																																						
Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <table style="float: right; margin-left: 20px;"> <tr> <td>You</td> <td>Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Spouse</td> <td>Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>						You	Yes	<input checked="" type="checkbox"/> No	Spouse	Yes	<input type="checkbox"/> No																																																																																																																																
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Filing Status		<table style="width:100%;"> <tr> <td style="width:50%;"> 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. </td> <td style="width:50%;"> 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See page 17.) </td> </tr> </table>				1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See page 17.)																																																																																																																																				
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Exemptions		<table style="width:100%;"> <tr> <td style="width:50%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">(1) First name</th> <th style="width:30%;">Last name</th> <th style="width:20%;">(2) Dependent's social security number</th> <th style="width:20%;">(3) Dependent's relationship to you</th> <th style="width:10%;">(4) Ck. if qual. child for child tax cr. (see pg. 18)</th> </tr> </thead> <tbody> <tr> <td>Ana</td> <td>Kitapini</td> <td>[REDACTED]</td> <td>Daughter</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> <td style="width:50%; vertical-align: top;"> Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see page 18) Dependents on 6c not entered above Add numbers on lines above 2 </td> </tr> <tr> <td colspan="2">d Total number of exemptions claimed</td> <td colspan="3" style="text-align: right;">2</td> </tr> <tr> <td colspan="2" style="vertical-align: top;">Income</td> <td colspan="4"> <table style="width:100%;"> <tr> <td style="width:70%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width:30%; text-align: right;">7</td> <td style="width:30%; text-align: right;">89,777</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td style="text-align: right;">8a</td> <td> </td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td style="text-align: right;">8b</td> <td> </td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td style="text-align: right;">9a</td> <td> </td> </tr> <tr> <td>b Qualified dividends (see page 20)</td> <td style="text-align: right;">9b</td> <td> </td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)</td> <td style="text-align: right;">10</td> <td style="text-align: right;">1,189</td> </tr> <tr> <td>11 Alimony received</td> <td style="text-align: right;">11</td> <td> </td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td style="text-align: right;">12</td> <td> </td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td> <td style="text-align: right;">13</td> <td style="text-align: right;">1,545</td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td style="text-align: right;">14</td> <td> </td> </tr> <tr> <td>15a IRA distributions</td> <td style="text-align: right;">15a</td> <td> </td> </tr> <tr> <td>b Taxable amount (see page 22)</td> <td style="text-align: right;">15b</td> <td> </td> </tr> <tr> <td>16a Pensions and annuities</td> <td style="text-align: right;">16a</td> <td> </td> </tr> <tr> <td>b Taxable amount (see page 22)</td> <td style="text-align: right;">16b</td> <td> </td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td style="text-align: right;">17</td> <td style="text-align: right;">-17,171</td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td style="text-align: right;">18</td> <td> </td> </tr> <tr> <td>19 Unemployment compensation</td> <td style="text-align: right;">19</td> <td> </td> </tr> <tr> <td>20a Social security benefits</td> <td style="text-align: right;">20a</td> <td> </td> </tr> <tr> <td>b Taxable amount (see page 24)</td> <td style="text-align: right;">20b</td> <td> </td> </tr> <tr> <td>21 Other income. List type and amt. (see page 24) Form 2555</td> <td style="text-align: right;">21</td> <td style="text-align: right;">-59,924</td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td style="text-align: right;">22</td> <td style="text-align: right;">15,416</td> </tr> <tr> <td colspan="2" style="vertical-align: top;">Adjusted Gross Income</td> <td colspan="2"> <table style="width:100%;"> <tr><td>23 Educator expenses (see page 26)</td><td style="text-align: right;">23</td></tr> <tr><td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td><td style="text-align: right;">24</td></tr> <tr><td>25 IRA deduction (see page 26)</td><td style="text-align: right;">25</td></tr> <tr><td>26 Student loan interest deduction (see page 28)</td><td style="text-align: right;">26</td></tr> <tr><td>27 Tuition and fees deduction (see page 29)</td><td style="text-align: right;">27</td></tr> <tr><td>28 Health savings account deduction. Attach Form 8889</td><td style="text-align: right;">28</td></tr> <tr><td>29 Moving expenses. 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Adjusted Gross Income		<table style="width:100%;"> <tr><td>23 Educator expenses (see page 26)</td><td style="text-align: right;">23</td></tr> <tr><td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td><td style="text-align: right;">24</td></tr> <tr><td>25 IRA deduction (see page 26)</td><td style="text-align: right;">25</td></tr> <tr><td>26 Student loan interest deduction (see page 28)</td><td style="text-align: right;">26</td></tr> <tr><td>27 Tuition and fees deduction (see page 29)</td><td style="text-align: right;">27</td></tr> <tr><td>28 Health savings account deduction. Attach Form 8889</td><td style="text-align: right;">28</td></tr> <tr><td>29 Moving expenses. Attach Form 3903</td><td style="text-align: right;">29</td></tr> <tr><td>30 One-half of self-employment tax. Attach Schedule SE</td><td style="text-align: right;">30</td></tr> <tr><td>31 Self-employed health insurance deduction (see page 30)</td><td style="text-align: right;">31</td></tr> <tr><td>32 Self-employed SEP, SIMPLE, and qualified plans</td><td style="text-align: right;">32</td></tr> <tr><td>33 Penalty on early withdrawal of savings</td><td style="text-align: right;">33</td></tr> <tr><td>34a Alimony paid b Recipient's SSN</td><td style="text-align: right;">34a</td></tr> <tr><td>35 Add lines 23 through 34a</td><td style="text-align: right;">35</td></tr> <tr><td>36 Subtract line 35 from line 22. This is your adjusted gross income</td><td style="text-align: right;">36</td></tr> </table>		23 Educator expenses (see page 26)	23	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	25 IRA deduction (see page 26)	25	26 Student loan interest deduction (see page 28)	26	27 Tuition and fees deduction (see page 29)	27	28 Health savings account deduction. Attach Form 8889	28	29 Moving expenses. Attach Form 3903	29	30 One-half of self-employment tax. Attach Schedule SE	30	31 Self-employed health insurance deduction (see page 30)	31	32 Self-employed SEP, SIMPLE, and qualified plans	32	33 Penalty on early withdrawal of savings	33	34a Alimony paid b Recipient's SSN	34a	35 Add lines 23 through 34a	35	36 Subtract line 35 from line 22. This is your adjusted gross income	36	15,416																																																																																																											
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36 Subtract line 35 from line 22. This is your adjusted gross income	36																																																																																																																																										

Form 1040 (2004) **Jessica E. Price**

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Tax and Credits:	37 Amount from line 36 (adjusted gross income) 37 15,416		
	38a Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 38a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> 38b <input type="checkbox"/> b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here		
Standard Deduction for-	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 39 10,813		
People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	40 Subtract line 39 from line 37 40 4,603 41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33 41 6,200		
	42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- 42 0		
	43 Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 43 0 b <input type="checkbox"/> Form 4972 44		
	44 Alternative minimum tax (see page 35). Attach Form 6251 45		
	45 Add lines 43 and 44 46		
	46 Foreign tax credit. Attach Form 1116 if required 47		
	47 Credit for child and dependent care expenses. Attach Form 2441 48		
	48 Credit for the elderly or the disabled. Attach Schedule R 49		
	49 Education credits. Attach Form 8863 50		
	50 Retirement savings contributions credit. Attach Form 8880 51		
	51 Child tax credit (see page 37) 52		
	52 Adoption credit. Attach Form 8839 53		
	53 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 54		
	54 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 55 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify _____		
	55 Add lines 46 through 54. These are your total credits 56 0		
	56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- 57		
Other Taxes	57 Self-employment tax. Attach Schedule SE 58		
	58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60		
	60 Advance earned income credit payments from Form(s) W-2 61		
	61 Household employment taxes. Attach Schedule H 62 0		
	62 Add lines 56 - 61. This is your total tax 63 3,023		
Payments	63 Federal income tax withheld from Forms W-2 and 1099 64		
	64 2004 estimated tax payments and amount applied from 2003 return 65a		
	65a Earned income credit (EIC) 66		
	b Nontaxable combat pay election 67 950		
	66 Excess social security and tier 1 RRTA tax withheld (see page 54) 68		
	67 Additional child tax credit. Attach Form 8812 69		
	68 Amount paid with request for extension to file (see page 54) 70 3,973		
	69 Other pymt. from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 71 3,973		
	70 Add lines 63, 64, 65a, & 66 - 69. These are your total payments 72a 3,973		
Refund	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid 72a 3,973		
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	72a Amount of line 71 you want refunded to you 73 b Routing number 072000805 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number 8101207382		
	73 Amount of line 71 you want applied to your 2005 estimated tax 74		
Amount You Owe	74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 75		
	75 Estimated tax penalty (see page 55)		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 56)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No Designee's name _____ Personal identification number (PIN) _____ Phone no. _____		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See page 17 Keep a copy for your records.	Your signature _____ Date _____ Spouse's signature If a joint return, both must sign. N'Ton Kitapini born 06-57 Date _____	Your occupation Science Educator Spouse's occupation died 09-20-03 (reference)	Daytime phone number _____
Paid Preparer's Use Only	Preparer's signature _____ Date 7/07/05 Firm's name (or yours if self-employed), address, and ZIP code Reau & Associates, PC 1235 N Industrial Dr Ste 3 Saline MI 48176	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN 366-40-0012 EIN _____ Phone no. 734-429-9040	